

**EXHIBIT D**

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**CHIROPRACTIC FOLLOW-UP****DATE:** June 28, 2007**Patient's Name:** Lee, Dionne**Date of Examination:** June 28, 2007**Date of Accident:** May 9, 2007**History of Condition:**

Ms. Dionne Lee presented for follow-up evaluation today, June 28, 2007. Ms. Lee is not doing well. She continues to be asymptomatic.

**Chief Complaints:**

1. Neck pain radiating into both shoulder.
2. Mid and lower back pain.

I have reviewed MRI examination with the patient. Lumbar spine MRI dated June 11, 2007 revealed disc bulge at L4-5 and L5-S1. A MRI of the cervical spine dated May 23, 2007 revealed herniated discs at C2-3, C4-5, and C5-6 all impinging the spinal cord.

Ms. Lee has difficulty walking, sitting and sleeping due to an increase of pain.

**Physical Examination Findings**

There is tenderness to palpation in the spinal joints in the cervical region. There is muscle spasm in the supraspinatus and SCM muscles. Cervical Compression Test is positive bilaterally. Soto Hall Test produces neck pain and is positive. Palpation also reveals thoracic and lumbar spine tenderness and spasm in the paraspinal regions. There is muscle spasm in the erector spinae and quadratus lumborum muscles. Kemp's Test produces lower back pain bilaterally. The Straight Leg Raise Test in the seated position is positive bilaterally. There is decrease muscle strength of the left knee flexors and extensors.

**Passive cervical spine ranges of motion reveals:**

	<i>Patient's Average Range of Motion</i>	<i>Normal Average Range of Motion</i>
Flexion	40	60
Extension	30	50
Lt. Rotation	55	80
Rt. Rotation	60	80
Lt. Lat Flexion	25	45
Rt. Lat Flexion	30	45

**Passive lumbar ranges of motion reveals:**

	<i>Patient's Average Range of Motion</i>	<i>Normal Average Range of Motion</i>
Flexion	70	90
Extension	15	30
Lt. Lat Flexion	15	30
Rt. Lat Flexion	15	30

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**Clinical Impression:**

- 1) Derangements of the cervical spine with herniated discs at C2-3, C4-5 and C5-C6.
- 2) Derangements of the lumbar spine with disc bulge at L4-5 and L5-S1.
- 3) Myalgia and myofascitis.

**Treatment and Recommendations:**

Ms. Lee is in need of care. She will continue care for her spinal injuries. The patient is not responding well to care and I am recommending she be evaluated by a neurologist. I am also referring her to a pain management specialist. She may benefit from more aggressive care.

Ms. Lee has difficulty with her social and personal activities. She should continue to refrain from work. She is totally disabled. Care will continue and she will be monitored periodically.

Sincerely,

Mitchell M. Zeren, D.C.